

# PERMISSION TO ADMINISTER

ATTENTION: The MN Child Care Rule (9502.0435 Subp. 16F(1)) requires that licensed child care providers obtain *written parental permission* prior to administering medicine, diapering products, sunscreen lotions and insect repellants to children in care.

Olmsted County Child Care Licensing has developed this form, which includes a list of frequently used products. If you have additional items you wish to add to this list, please use the extra space/lines allotted or attach a second sheet to this form.

I HEREBY GIVE MY CHILD CARE PROVIDER PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURERS' INSTRUCTIONS OR AS SPECIFIED IN WRITING BY MY CHILD'S PHYSICIAN.

**CHILD'S NAME:** \_\_\_\_\_

NO	YES	PRODUCTS	BRANDS
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen (eg. Tylenol)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol-Based Hand Sanitizers	_____
<input type="checkbox"/>	<input type="checkbox"/>	Adhesive Tape	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Lotion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Oil	_____
<input type="checkbox"/>	<input type="checkbox"/>	Baby Powder	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-Aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bar Soap	_____
<input type="checkbox"/>	<input type="checkbox"/>	Burn/Sunburn Remedy	_____
<input type="checkbox"/>	<input type="checkbox"/>	Conditioner	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diaper Wipes	_____
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent	_____

NO	YES	PRODUCTS	BRANDS
<input type="checkbox"/>	<input type="checkbox"/>	Itching Cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip Balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Liquid Soap	_____
<input type="checkbox"/>	<input type="checkbox"/>	Menthol Rubs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Moisturizing Lotion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Nail Polish	_____
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Gel	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash Ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Shampoo	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen	_____
<input type="checkbox"/>	<input type="checkbox"/>	Teething Gel	_____
<input type="checkbox"/>	<input type="checkbox"/>	Toothpaste	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date